

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE						
						10/550845							
						APPLICANT(S)							
CLAIMS													
	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			51							
2		1		1		52							
3		2				53							
4		2		1		54							
5		1		1		55							
6		1		1		56							
7		1		1		57							
8		1		1		58							
9		1		1		59							
10		1		1		60							
11		1		1		61							
12		1		1		62							
13		1		1		63							
14		1		1		64							
15		1		1		65							
16						66							
17						67							
18						68							
19						69							
20						70							
21	1					71							
22		1		1		72							
23		2		1		73							
24		1		1		74							
25		1		1		75							
26		1		1		76							
27		1		1		77							
28		1		1		78							
29						79							
30						80							
31						81							
32						82							
33						83							
34						84							
35						85							
36						86							
37						87							
38						88							
39						89							
40						90							
41						91							
42						92							
43						93							
44						94							
45						95							
46						96							
47						97							
48						98							
49						99							
50						100							
TOTAL IND.	2		2			TOTAL IND.							
TOTAL DEP.	29	←	26	←	←	TOTAL DEP.	←	←	←	←	←	←	
TOTAL CLAIMS	3		28			TOTAL CLAIMS							